

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90047 008 ***150.00

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DOCUMENT # **H58453**

1. Entity Name

G & P SUPPLY CORPORATION

Principal Place of Business

14115 63RD WAY NORTH
CLEARWATER FL 34620
US

Mailing Address

14115 63RD WAY NORTH
CLEARWATER FL 34620
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2619572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SWOBODA, RUDOLF G.
8338 36TH AVE N
SAINT PETERSBURG FL 33710

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

* 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be Added to Fees

* 11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MEYER, ARNFRIED	
STREET ADDRESS	5925 BAYOU GRANDE BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PST	☐ Delete
NAME	MEYER, ARNFRIED	
STREET ADDRESS	5925 BAYOU GRANDE BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	☐ Delete
NAME	GEBHARDT, HANNELORE	
STREET ADDRESS	5925 BAYOU GRANDE BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	☐ Delete
NAME	GEBHARDT, HANNELORE	
STREET ADDRESS	5925 BAYOU GRANDE BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VP	☐ Delete
NAME	SWOBODA, RUDOLF G	
STREET ADDRESS	8338 36TH AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.P.

03-03-02

Date

Daytime Phone #

CR2E034 (9/01)